

**UTAH DIVISION OF WASTE MANAGEMENT AND
RADIATION CONTROL
MAMMOGRAPHY IMAGING MEDICAL
PHYSICIST RECERTIFICATION FORM**

The initial and annual evaluation of mammography x-ray equipment in the state of Utah must be performed by a mammography imaging medical physicist approved by the Waste Management and Radiation Control Board (Board). To remain certified by the Board as a mammography imaging medical physicist, an individual shall satisfy the requirements for continuing qualifications.

Name: _____ Phone: _____

Address: _____ e mail: _____

Part 1: Continuing Education

Starting from June 1, 2015, list all continuing educational units (CEU) earned in areas specific to mammography (*attach copies of certificates or letters as support documentation*).

<u>Course Description</u>	<u>Sponsoring Body</u>	<u>Date Attended</u>	<u>Number CEU</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 2: Mammography Test Equipment

Provide the information on test equipment used to perform mammography surveys. If there have been no changes since you completed the Certification Application form, then state "not applicable."

<u>Equipment Type</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Calibration Frequency</u>
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Mammography Phantom _____

Resolution Test Tool _____

Focal Spot Test Tool _____

kVp Meter _____

Densitometer _____

Timer Test Tool _____

Radiation Dosemeter _____

Radiation Detector _____

Part 3: Mammography Survey Experience

Complete the following sections to show evidence that you have performed two mammography surveys since June 1, 2016. Indicate whether the activity was performed by a "Y" for yes or "N" for no.

Facility	<u>Survey Date</u>	<u>Number Mamma Units Evaluated*</u>	<u>Evaluated Dose to Breast (Y N)</u>	<u>Evaluated Focal Spot and/or Resolution (Y N)</u>	<u>Evaluated Phantom Image Quality (Y N)</u>	<u>Evaluated Processor QC (Y N)</u>

*List the different mammography x-ray units evaluated by:
Manufacturer Model

I hereby attest that the submitted recertification form and support documents are to the best of my ability and knowledge true and accurate.

Signature

Date

Return the completed form to:

Division of Waste Management and Radiation Control
Scott Anderson, Director
P.O. Box 144880
Salt Lake City, Utah 84114-4880